

OAHU CANDIDATES-  
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-  
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT  
CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

Marilyn B. Lee

(b) Committee Name:

'Ohana O Marilyn

(c) Mailing Address:

95-170 Newe Place

Mililani, Hi 96789

(d) Phone (Bus)

627-0778

(Res)

627-0778

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)



1st Preliminary Primary



Amended



First



Third



2nd Preliminary Primary



Short Form<sup>1</sup>



Second



Fourth



Final Primary



Preliminary General



Final Election Period



Supplemental

REPORTING PERIOD

11/8/00

through

12/31/00

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD <sup>2</sup> TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period <sup>2</sup> .....		5,765.40
2. Cash on Hand at the Beginning of this Reporting Period.....	5,765.40	
3. Total Receipts (From Line 15).....	202.80	202.80
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	5,968.20	5,968.20
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	414.42	414.42
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	5,553.78	5,553.78
7. Total Loans at the Closing of this Reporting Period.....	5,000.00	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	--	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	5,000.00	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	553.78	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Marilyn B. Lee  
Candidate Signature

1/12/01  
Date

Tim Hui Lee  
Treasurer Signature

1-12-01  
Date

<sup>1</sup> Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

<sup>2</sup> An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

**SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**  
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	197.56	197.56	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	--	--	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	197.56	197.56	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....			11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....			11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	--	--	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	197.56	197.56	12
13. Public Funds and Other Receipts.....	5.24	5.24	13
14. Loans.....	--	--	14
15. Total Receipts (Add Lines 12 through 14).....	202.80	202.80	15
<b>DISBURSEMENTS</b>			
16. Expenditures.....	414.42	414.42	16
17. Loans Repaid or Forgiven.....	--	--	17
18. Unpaid Expenditures Paid or Forgiven.....	--	--	18
19. Subtotal Disbursements (Add Lines 16 through 18).....	414.42	414.42	19
20. Unpaid Expenditures.....	--		20
21. Total Disbursements (Add Lines 19 and 20).....	414.42	414.42	21

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B  
EXPENDITURES  
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Marilyn B. Lee

'OHANA O MARILYN

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
11/2/00	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Myers Advertising, Inc. 820 Mililani Street Honolulu, Hawaii 96813	Democratic Party ad in Advertiser and Star-Bulletin	97.56
11/8/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Mililani Town Florist 95-1249 Meheula Pkwy A-1 Mililani, Hawaii 96789	flowers for losing candidates Chita Caindec-Stewart and Charlette Nekota	52.00
11/2/00 11/14/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION I Love Country Cafe 95-1249 Meheula Pkwy Mililani, Hawaii 96789	breakfasts for community meetings	9.85 17.43
11/27/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION U.S. Postal Service 95-1030 Meheula Pkwy Mililani, Hawaii 96789	stamps for Christmas letter/card mailing	165.00
12/6/00 12/13/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Office Max 94-861 Lumiaina Street Waipahu, Hawaii 96797	xeroxing of Christmas letter	32.28 13.63
12/6/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Samuel S. H. Lee 95-170 Newe Place Mililani, Hawaii 96789	reimbursement of 1/3 share of convertible rental for Christmas parade in Waipio Gentry (Rep. Garcia/Sen. Menor)	18.28
12/31/00	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Safeway 94-780 Meheula Pkwy Mililani, Hawaii 96789	donuts for Wahiawa Hospital staff	8.31

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....

414.42

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....

414.42

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C  
PUBLIC FUNDS AND OTHER RECEIPTS  
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Marilyn B. Lee 'OHANA O MARILYN

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
12/5/00	American Savings Bank 95-221 Kipapa Drive Mililani, Hawaii 96789	interest on checking account	5.24	5.24
1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....			5.24	
2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....			5.24	

ATTACH A COPY OF THE  
EXECUTED LOAN DOCUMENT AT  
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

SCHEDULE D  
LOANS  
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Marilyn B. Lee 'OHANA O MARILYN

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAYED OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
XX <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER	Marilyn B. Lee 95-170 Newe Place Mililani, Hawaii 96789	5,000.00	- 0 -	<input type="checkbox"/> FORGIVEN - 0 -	5,000.00
7/28/00	campaign expenditures				
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....	- 0 -	- 0 -	5,000.00
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....	- 0 -		
3. TOTAL LOANS REPAYED OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....		- 0 -	
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....			5,000.00

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.